

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS PAC 740 Colonial Drive Baton Rouge, LA 70806	2. Date of this Statement <div style="text-align: center;">12/9/2013</div>	Report Number: 37761 Date Filed: 12/9/2013									
Check If: New Committee _____	3. Estimated Membership <div style="text-align: center;">65</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
	5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: left; border-bottom: 1px solid black;">a. <u>Name</u></th> <th style="width: 33%; text-align: left; border-bottom: 1px solid black;">b. <u>Position</u></th> <th style="width: 34%; text-align: left; border-bottom: 1px solid black;">c. <u>Address</u></th> </tr> </thead> <tbody> <tr> <td style="padding-top: 10px;">DR. GLENN ALLY, PHD MP</td> <td style="padding-top: 10px;">Chairperson</td> <td style="padding-top: 10px;">155 Hospital Drive Ste. 200 Lafayette, LA 70503</td> </tr> <tr> <td style="padding-top: 10px;">DR. GLENN ALLY, PHD MP</td> <td style="padding-top: 10px;">Treasurer</td> <td style="padding-top: 10px;">155 Hospital Drive Ste. 200 Lafayette, LA 70503</td> </tr> </tbody> </table>			a. <u>Name</u>	b. <u>Position</u>	c. <u>Address</u>	DR. GLENN ALLY, PHD MP	Chairperson	155 Hospital Drive Ste. 200 Lafayette, LA 70503	DR. GLENN ALLY, PHD MP	Treasurer	155 Hospital Drive Ste. 200 Lafayette, LA 70503
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <u> X </u> Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. a. Name of Person Preparing Report GAY COURSON b. Daytime Telephone (225)346-6900											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>9th</u> day of <u>December</u> , <u>2013</u> .											
<u>Glenn Ally PhD MP</u> Signature of Committee/Chairperson		_____ Daytime Telephone									
<u>Glenn Ally PhD MP</u> Signature of Committee Treasurer, if any		_____ Daytime Telephone									

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

LOUISIANA ACADEMY OF
MEDICAL PSYCHOLOGISTS

740 Colonial Drive
Baton Rouge, LA 70806

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

CHASE BANK

Baton Rouge, LA 70802